



DATE: November 18, 2024
TO: Commonwealth of Kentucky Medicaid Pharmacy Network
FROM: MedImpact Healthcare Systems
Subject: [Updated Policy on Automatic Refill Programs](#)

Status: MedImpact would like to provide an update on Automatic Refill programs to the Kentucky Medicaid provider network.

The Commonwealth of Kentucky Department for Medicaid Services (DMS) does not allow automatic refills or automatic shipments of drugs, devices, or supplies through an **Automatic Refill Program** without a documented request from the member or the member's responsible party. The member or their responsible party must provide an electronic, verbal, or written request to the pharmacy for each prescription they would like to have refilled through an Automatic Refill Program. This request must be renewed for every new prescription. Members and providers cannot waive this explicit refill request requirement. The documented request (e.g. note in the member's profile) must be retained by the pharmacy for audit purposes. This policy applies to all DMS members, including Fee-for-Service members, Managed Care members, dual-eligible members and members with other primary insurance.

The member or member's responsible party can continue to request routine fills by calling their pharmacy and the pharmacy is not required to document this request. Routine prescription requests that are not part of an Automatic Refill Program do not require documentation of the request.

The Automatic Refill Policy is available in the updated Provider Billing Manuals on the Kentucky Medicaid Provider Portal. <https://kyportal.medimpact.com/provider-information/provider-information>



KY MCO Contact Information

Program Questions	KYMCOPBM@MedImpact.com
Pharmacy Help Desk	(800) 210-7628 [24 hours per day/ 7 days per week]
Prior Authorizations	Phone (844) 336-2676 [8:00AM - 7:00PM EST/ 7 days per week]; Fax (858) 357-2612
Pharmacy Portal	https://kyportal.medimpact.com/
BIN: 023880 / PCN: KYPROD1 / GROUP: KYM01	

KY FFS Contact Information

Program Questions	KYMFFS@MedImpact.com
Pharmacy Help Desk	(877) 403-6034 [24 hours per day/ 7 days per week]
Prior Authorizations	Phone (877) 403-6034 [8:00AM - 7:00PM EST/ 7 days per week] Fax (858) 357-2612
Pharmacy Portal	https://kyportal.medimpact.com/
BIN: 026309 / PCN: KYPROD1 / GROUP: KYF01	